

November 1, 2023 | 10:00 a.m. - 2:00 p.m.

Thank you for your interest in the New York State Office of General Services (OGS) 2023 Healthy Living Expo. OGS-sponsored events held on the Empire State Plaza serve thousands of State employees and visitors and are intended to be family friendly.

Commercial and not-for-profit vendors providing products and services that promote health and wellness are welcome to apply. Commercial vendors pledging a portion of their sales to charity do not quality for not-for-profit status. The following products and/or services may be considered: Health and wellness services, nutrition services, financial services, handmade or commercial products, clothing, accessories, books, general merchandise, packaged, canned, jarred or otherwise processed food products that are intended to be taken home for consumption.

Application Deadline is 10/25/2023

Here's how it works:

- All applications that are submitted by the above listed deadlines will be considered.
- Sending an application does not guarantee acceptance into the program.
- Participants will be notified via email of their event participation. Vendors will not be allowed
 to provide vending services at the event until they are in receipt of written approval of their
 application to participate.
- · OGS reserves the right to extend deadlines

For additional information please contact Jason Rumpf:

New York State Office of General Services, Convention & Cultural Events Tel 518.473.2982 • Jason.Rumpf@ogs.ny.gov





Convention and Cultural Events

Room 120, Concourse **Empire State Plaza** Albany, NY 12242

Vendor Application: 2023 Healthy Living Expo

Instructions: Please complete this application for the Healthy Living Expo on November 1, 2023 from 10:00 a.m. - 2:00 p.m.

		, ,	'				<u>'</u>			
Business Information										
Business Name		Cor	ntact Name		Phon	ie	Email			
Business Address 1		How will the items you sell/distribute enhance the spirit and character of the event? Must be related to health and wellness.				•				
Business Address 2										
City	State	Zip								
Vehicle & Driver Information										
Yos No				need oversize vehicle parking in P-1N Lot? Yes No						
Driver 1 Name (exactly as it appears on license)		Driver's	License: Issued Sta	te & Numbe	e & Number			License Plate: Issued State & Number		
river 2 Name (exactly as it appears on license) Driver's License: Iss			License: Issued Sta	ued State & Number			License F	License Plate: Issued State & Number		
Permit Agreement										
The Permit Agreement, including the c and signs and insurance requirements with the Vendor Application.	•			se includ	e any addi	itional i	information or qu	estions in th	ne space below:	
Download the Agreement: https://empirestateplaza.ny.gov/perm The Agreement is not applicable for Vendors wishing to apply for an insure outlined in Item 12 of the Permit Agree	NYS Agencies. rance waiver mu	st meet the ter	rms							
My permit agreement is already o	n file									
My permit agreement is included	with this vendo	r application								
Options, Fees & Payment										
10'x10' Vendor Booth*				\$80		Total:	\$			
State Agency or Not-for-Profit 10'x10' V	endor Booth*			\$40		Total	\$			
Additional Tables (per table, maximum	of 3)		Qt	у	x \$5	Total:	\$			
Additional Parking (per space)			Qt	у	x \$10	Total:	\$			
Additional Chairs			Qt	у	no charge					
				Gra	nd Total:	\$				
* A standard booth includes: one table, t	wo chairs, and o	one parking sp	ace. Load in begir	ns at 8am	the day o	f the ev	vent.			

Instructions: Return the completed Vendor Application with the following:

Payment in Full Any outstanding payment due to OGS may preclude participation. Payments may be made by check, money order or credit card and made payable to the NYS Office of General Services.

Proof of Not-for-Profit Status (if applicable)

Signed 2023-2024 Permit Agreement (if not already on file)

Please make checks or money orders payable to:

NYS Office of General Services

Return completed Vendor Application, Permit Agreement and Payment to:

jason.rumpf@ogs.ny.gov



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Credit Card Form

Instructions: To pay with your credit card, please complete and return this form with your application.

Card Information									
Card Type				Business Name					
AMEX	Discover	MasterCard	VISA						
Cardholder First Name				Cardholder Last Name					
Credit Card Numb	oer (xxxx-xxxx-xx	- -		Expiration Date	CVV2	Billing Zip Code			
Charge Authoriza	tion								
I hereby authorize the Office of General Services to charge the following amount for the event indicated below.									
Event Name				Authorized Amount					
					\$				
Name (Print)					Dat	e			
Signature*									

^{*}The signature section must be completed. Electronic signatures are not accepted.